Effective October 1, 2003												
		CLAIMS A	S FILED - (Column		SMALL ENTITY OTHER TH							
TO	TAL CLAIMS	76						RATE	FEE	] · [	RATE	FEE
FC	)A		NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	26 minus 20=		• 6			X\$ 9=	54	OR	X\$18=	
INE	EPENDENT C	LAIMS	3 minus 3 =		* 85			X43=	-	OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESÉNT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)							• •	SMAL	L ENTITY	OR	SMALL	
AMENDMĘNT A	4/3/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·26	Minus '	-21	6	-		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	···3	/	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM						<b>!</b>	+145=		OR	+290=	
1, 11,25								TOTA		┨╌╏	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								VDDIT. FE	E L		ADDII. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	•	=		X\$ 9=	1.	OR	X\$18=	
	Independent	•	Minus	***	<u> </u>			X43=		OR	X86=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
	TOTAL ADDIT FEE OR										TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										_		
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=	1.	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.14E-	1.		+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+29U=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE												
•	The "Highest Num	ber Previously Paid	i For" (Total or	Independe	nt) is the	highest numbe -	r four	nd in the a	ppropriate bo	x in col	umn 1.	· [

Application or Docket Number